

Healing & Development

2012 Edition

MEDICAL
MISSIONARIES
of MARY



MMM

*Rooted and
founded
in Love*

*In a world deeply
and violently divided,
we are women on fire with
the healing love of God.*



MMMs provide
health services in
northern Nigeria.
Full story page 9

*Engaging our own pain
and vulnerability, we go to
people of different cultures
where human need is greatest.*



New Mission:
South Sudan.
Full story page 16

*Our own belief in
the interrelatedness of
God's creation urges us to
embrace holistic healing*



Capacitar:
Healing trauma.
Full Story page 25

*And to work for reconciliation,
justice and peace.*



Access to
clean water is
a human right.
Full story page 5

*Celebrating
75
Years on
Mission*

Medical Missionaries of Mary:

Founded in Nigeria in 1937 by Dublin-born Mother Mary Martin, today MMMs number 400 Sisters, who come from twenty different countries. A growing number of men and women from twelve countries are Associate Members. The three words in the Congregation's title carry the inspiration that gives us energy to become engaged in healing some of the world's pain.

Medical: "Be with those who suffer, the oppressed, and those on the margin of life. Heal the sick, excluding no one... Let your particular concern be the care of mother and child..."
MMM Constitutions

Missionaries: "You are missionaries... Work with all people of good will. Join resources with them especially in the field of health, so as to bring about a world of justice and peace, where true human development is fostered, and human dignity and rights are respected."
MMM Constitutions

Mary: "Ponder in your hearts the mystery of the Visitation. Be inspired by Mary's selfless love, her simplicity and faith, as she goes in haste to answer a human need, bringing with her the light that is life."
MMM Constitutions

Our Motto:

Rooted and Founded in Love (Eph.3,17)

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MEDICAL MISSIONARIES of MARY



MMM

*Rooted and founded
in Love*

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75 Years on Mission



Dear Friends,

I hope you will enjoy reading this edition of Healing and Development, which is coming to you during our 75th Jubilee Year. Our MMM Jubilee is being marked in all our communities throughout the world – shared with our Associates, friends, and many supporters.

On the front cover you will see our Mission Statement, which reminds us that: *"We are women on fire with the healing Love of God. Engaging our own pain and vulnerability, we go to people of different cultures where human need is greatest."*

While the Yearbook is smaller than usual, it contains a variety of stories and reports of our MMM mission and ministries, *where human need is greatest*. It will give you a picture of the wide range of services in which our MMM Sisters are involved, including our new mission to South Sudan. It will show you the many ways in which your support and contributions have been used to make a difference in the lives of countless people.

You will read also how five of our MMM Sisters, *on fire with the healing Love of God*, were honoured this year for their dedicated services: Sisters Brigid Corrigan and Helen Spragg were awarded MBEs in May. Sisters Bernard Mc Carroll, Cecilia Asuzu and Leonie Mc Sweeney were awarded the *Pro Ecclesia et Pontifice* in September.

We have included a basic financial report that shows the sources of income and how the overall funding has been spent.

This year, the Yearbook is being published for the feast of Saint Thérèse of Lisieux, who has always been a source of inspiration for us as MMMs. This young woman lived an ordinary and hidden life, unable to fulfil her dream of being a missionary overseas. Nevertheless she had a great sense of the needs of the wider world and the Church, to which she dedicated her life. Finally discovering her vocation she said, "In the heart of the Church I will be love!"

Our "missionary activity renews the Church, revitalizes faith and Christian identity, and offers fresh enthusiasm and new incentive. Faith is strengthened when it is given to others." (Pope Benedict XVI)



Saint Thérèse of Lisieux

Thank you for helping us to bring the healing Love of God to so many through your generosity. Without your ongoing partnership and support it would be difficult for us to continue. You are remembered each day in the prayers of the Sisters throughout the world.

May God bless each of you and your loved ones.

Sister Subhāw
Congregational Leader



Elderly people wait for food – their only meal for the day.

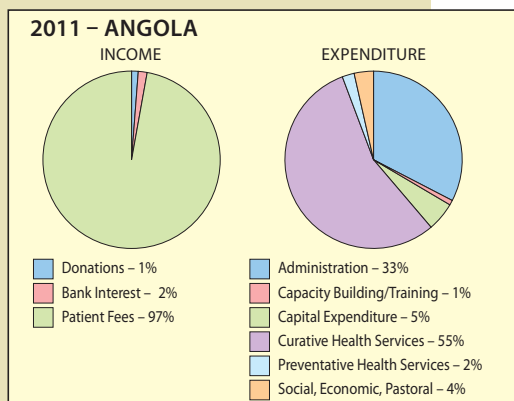


Reaching women with health education



Patients line up to be seen at the clinic. Limited seating!

There are 26 MMM Associates in Angola.



Signs of progress in Viana

In January 2007, the Medical Missionaries of Mary moved to Mulvenos de Cima, a new and rapidly developing area in Viana, Luanda, the capital of Angola. Many poor people are moving in from the provinces in search of work. Houses are constructed without infrastructure such as light, water, sewage, schools, or health facilities. A study to assess the needs indicated an alarming number of children dying from measles, malaria, and vomiting and diarrhoea. There were no facilities for vaccination or antenatal care.

We decided to respond by opening the Mother Mary Martin Clinic. The clinic is now nineteen months old and Sister Alice Ashitebe relates how services have developed.

In March 2011, after eight inspections, we received our Certificate of Approval to operate the clinic. However, the process for renewal is expensive because each time something new must be added.

We have twenty-nine staff: eleven men and eighteen women. One doctor comes to the clinic weekly. Otherwise we refer serious patients to the nearest hospital in town. Our average daily patient attendance was 150 from June 2011 to June 2012. Our antenatal clinic attendance was 2,720 from June to December 2011; it increased to 5,072 from January to July 2012.

We are committed to passing on skills, so in December 2011 seven young women and one man came from a School of Basic Nursing for six months' clinic experience. They had only had two years of nursing theory. Four decided to stay for six more months. Another school has asked if they can send their students. A woman from the School of Laboratory Science has just finished her experience.

We have a good relationship with the Ministry of Health and the public health offices. They gave us some essential drugs for malaria and anaemia, which are a great help for the poor. Nevertheless we buy most of our drugs and patients pay affordable amounts.

We are involved in the government polio vaccine campaigns. To date we have not seen any cases of polio in our clinic. We had ten cases of whooping cough in 2011, but none so far in 2012.

We had a local measles outbreak last year and we informed the municipal council in Viana immediately. The municipality sent their own staff to vaccinate but the response was poor. They then invited us to join them, using our facilities. We vaccinated six hundred children that day. The government trained two of our staff in HIV testing so we have started counselling and testing. We refer those who are positive for follow-up.

In August, after waiting more than two years, we were connected to the public water supply. We only had to buy the materials for the connection, which cost US\$350. Now we are hoping to have light.

In addition to our clinic ministry, we also extend hospitality to our sisters from Huambo and other Religious from the Provinces.

Thank you for your help in making this possible.

Our MMMs in our other mission in Huambo, Angola are involved in:

- Pastoral and prison ministry
- Vocation ministry
- Work with women's groups, health education in schools and churches about STDs, HIV/AIDS, etc.
- Food for the poor and elderly
- General clinic
- Weekly mobile clinics to outstations



Working together to dig the hole



A woman involved in laying the blocks



Smoothing the walls



The outcome:
Healthy families
and productive
citizens

Clean water: A basic human right

Since 2001, MMMs in Brazil have been involved in a project to provide clean water for drinking and cooking for families in Capim Grosso, Bahia. Sister Sheila Lenehan relates how working with local people, government, and donors has helped to bring about a better quality of life in the poorest region of the country.

The aim was to build cisterns, one for each family, in a rural, semi-desert area. In a good year there is rain for four months. Each cistern holds the water needs of a family of four for eight months. Previously, most families obtained their water from a depression in the ground where rainwater accumulated. They shared this with their animals. There was a government scheme and in 2004 and 2005 an extra 50 cisterns were built. Nevertheless it was difficult to get into the scheme and it was not meeting the enormous needs.

With clean drinking and cooking water the family's health improves because they do not suffer from diarrhoea and worm infestations and their immunity increases. Mothers do not have to stay at home to care for sick children, so they can help on the farm. Money does not have to be spent on medicine. Community members work together to improve their quality of life and their self-esteem improves. Money paid back provides a cistern for another family.

Preparation included training in water conservation and recycling as well as civilian rights and responsibilities in regard to water and sanitation provision. Family members dug the holes. They provided the sand and water and a helper for the builder. They were trained in how to manage and care for their cisterns to get the optimum value from them. The families agreed to pay back half the cost over three years.

The outcome of this scheme was that every year about 30 cisterns were built. In 2010, 31 water cisterns were built, each with a capacity of 16,000 litres, and 2 cisterns were repaired, providing for 33 families. In 2011, 30 new cisterns were built and another 33 are in process in 2012.

Now we have a whole new government development plan. They are planning to build cisterns for families who get government aid, to keep children in school, etc. This will make a huge difference to our people.

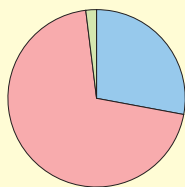
MMMs in Brazil are also involved in:

- Project Consolation: work with families who have lost children through violence.
- Water Project: VIP pit latrines.
- Work with St. Vincent de Paul: helping the poor
- Women's development: building self-esteem and teaching crafts; pastoral development
- Basic health care: ear cleaning, massage and preparing herbal medicines
- Pastoral involvement in our parishes, parish council, vocation ministry
- Mental health issues: Work with special children and families with autistic children

There are 10 MMM Associates in Brazil.

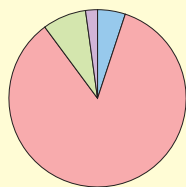
2011 – BRAZIL

INCOME



Donations – 28%
Funding Agencies – 70%
General Mission Fund – 2%

EXPENDITURE



Administration – 5%
Social, Economic, Pastoral – 85%
Capacity Building/Training – 8%
Capital Expenditure – 2%



Exercises help to reduce stress.



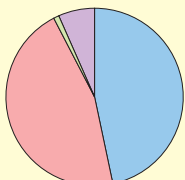
Participation is key for learning.

MMMs in Honduras are also involved in:

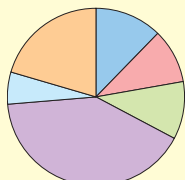
- Women's, children's and youth groups: health education and human development
- Counselling services
- Pastoral care of sick and housebound and care of carers
- Assistance for people with chronic diseases
- HIV/AIDS programme; Cancer prevention and early detection
- Training voluntary health workers, home pharmacists
- Mother and child care
- Complementary therapies
- Vocation promotion

2011 – HONDURAS

INCOME



EXPENDITURE



An ordinary day

Sister Bernadette Henaghan lives with two other MMMs in Marcala, Honduras. She tells us about her activities on a typical day.

- 4.45 am** The start of another day. Begin with prayer in my room.
- 6.00 am** A brisk twenty-five-minute walk with Rita (MMM) to meet Martha, my co-worker; Aida, Rita's co-worker; and our driver, Antonio. Load the car, making sure we have put in the tools. It's the rainy season.
- 6.30 am** Off to El Potrero, a fifty-km journey taking two hours with the mountains and the rain. The cliffs are covered with wild orchids. Silence descends. I pray, asking a blessing on the day and on all we meet. We pass a military check point. The last thirty minutes is a steep descent with sheer cliffs on either side. A sigh of relief when we reach the bottom.
- 8.30 am** Arrive at meeting place for Rita and Aida's women's group. We have breakfast using the back of the pickup as the table. Nothing tastes as good as coffee with tortillas and beans in the mountain air. I think of Jesus breaking bread with friends – the true meaning of Eucharist.
- 8.45 am** A fifteen-minute drive to the school. The fourth, fifth, and sixth grade girls have organized the chairs in an old classroom. We start with sex education and they present their homework from last month: diagrams of various shapes and sizes! We begin this month's theme, on "violence". There is a high incidence of violence – domestic and alcohol and poverty-related. We hope to raise awareness and self-esteem to break this cycle. We use exercises to relieve the tension the children experience. Martha and I are pleased with the participation: the girls here are usually timid.
- 10.30 am** Repeat the process with the boys. I am touched by their sensitivity as they share experiences.
- 11.35 am** We meet Rita and Aida. It starts to rain heavily and we are relieved when we reach the top of the cliff road. We know the car will not reach our next school. Antonio stays with the car while Martha and I head for Carayman. Rita and Aida go to Guasore.
- 12.30 pm** We reach the school; the teacher has left. Thank God for good hiking boots and rain gear! The girls do a word search while we work with the boys as in the morning.
- 1.35 pm** A much-needed cup of coffee and a sandwich. Rafael's father comes to collect his son's medicine. He tells us about Rafael's appointment in Tegucigalpa – seven hours away by bus. The eldest of eight, he has juvenile arthritis. MMM pays for his appointments and medicines.
- 1.45 pm** We repeat the process with the girls.
- 3.00 pm** Downhill to Azacualpa to the car. Aida and Rita have arrived. We kick off the excess mud and head for home, sharing stories about the day.
- 4.45 pm** Cleide (MMM) is preparing the evening meal after a day visiting the sick and housebound. I clean my boots and stuff them with newspapers so they are ready for tomorrow.
- 5.15 pm** Time to pray and reflect on the day.
- 6.15 pm** Evening meal together, then evening and night prayer.
- 7.30 pm** I watch the world news and check emails, then organize for tomorrow's trip and evening meal. It's my turn to cook.
- 8.30 pm** Quiet time to read and unwind. I thank God for the day before I rest.



Women's groups: building self-esteem



Sister Emelda speaks at a youth "open day".

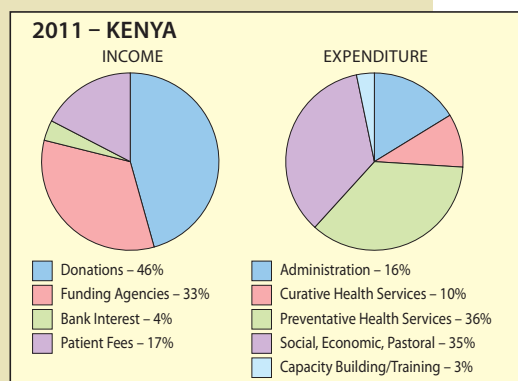


From left: John's guardian, Matthew's mother, Matthew, and John



John and Matthew

There are 4 MMM Associates
in Kenya



Dreams made possible in Kapsoya

Sister Emelda Ukaumunna is grateful to our supporters who are helping young people to realize their dreams.

St. Mary's Medical Centre is located in Eldoret, in the Rift Valley Province of Kenya. We offer health care services at the dispensary and run a comprehensive HIV/AIDS programme with a Social Department that caters for orphans and vulnerable children (OVCs) and caregivers.

Our services are provided mainly in ten villages in Kapsoya and Chepkoilel. These are new settlements that emerged in 1993 following the tribal clashes. There are three slums in our catchment area: Munyaka; Kenya Service, known for brewing of local alcohol; and Kambi Nyasi, where there are many squatters. Most people are poor and many are petty traders.

Today, surveys suggest a decrease in HIV/AIDS prevalence in the area, especially among low income earners. Nevertheless there are many OVCs without proper care or access to education. At St. Mary's, we care for people affected by HIV/AIDS and we would like to share two success stories. Most of our OVCs performed well in their final school examinations. Outstanding of all were John* and Matthew*.

John, now twenty, and his sister, lost their mother when he was three, and their father and step-mother died in 2002. With the help of a guardian, John enrolled in St. Mary's OVC Support Programme in 2004.

Matthew is the second in a family of three. Like John, Matthew's family lives in a single-room house at Kenya Service. His mother, a widow, depended on selling local brew in their house. Matthew's father died of AIDS and his mother experienced stigma even before knowing her own HIV status. With encouragement, she had a test at St. Mary's Medical Centre. The result was positive and she joined the support group. Her health deteriorated due to poor drug adherence and the business collapsed. This made things difficult for Matthew, who was eager to continue his education, and for everyone else in the family. At this point our Social Department intervened.

The harsh environment, including disturbance from drunkards who often came to buy brew, did not prevent John and Matthew from excelling at school. After four years of hard work they earned outstanding results, scoring an aggregate A and A minus respectively, in the Kenya Certificate of Secondary Education examinations. They were among the top students in the District.

"St. Mary's was sent to our house by God. I am who I am because of their support. God bless them," said Matthew. John said, "We did not have material wealth but God gave us intellectual wealth and we made use of it. I am grateful to St. Mary's."

While looking for ways to achieve their dreams of university education, John and Matthew are doing casual work at construction sites and working at local farms. Though John's and Matthew's dreams are yet to be realized, at St. Mary's Medical Centre we happily celebrate their achievements with them.

**Not their real names.*

MMMs in Kenya are also involved in:

- Anti-trafficking awareness-raising
- MMM house of studies
- Women's development
- Training Christian leaders
- Basic health care
- Vocation promotion



Women display their beautiful handcrafts.



Taking pride in learning skills



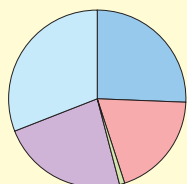
Women's literacy improves the whole family's quality of life.

MMMs in Malawi are also involved in:

- Basic health care: child care and decreasing maternal mortality
- Development work with families in villages
- HIV programmes
- Agriculture
- Orphan care: training relatives in the care of infants; school fees
- Vocation promotion

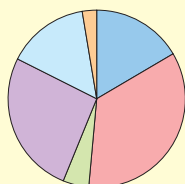
2011 – MALAWI

INCOME



- Donations – 26%
- Funding Agencies – 19%
- Bank Interest – 1%
- Patient Fees – 23%
- General Mission Fund – 31%

EXPENDITURE



- Administration – 16%
- Curative Health Services – 35%
- Preventative Health Services – 5%
- Social, Economic, Pastoral – 26%
- Capacity Building/Training – 15%
- Capital Expenditure – 3%

Changing lives in Lilongwe

Sister Stella Ovietaoba tells us how the MMM Women's Development Projects in Mtsiriza and Kasiyafumbi have helped to transform the lives of people in Lilongwe.

The MMM Women's Project is an example of how the generosity of MMM benefactors enabled us to work with local women to facilitate a better quality of life for them and their families.

With the HIV epidemic the plight of women here worsened. They faced the burden of increasing numbers of orphans, the care of great numbers of ill people, and decreasing resources. They also faced the possibility of a life-threatening illness themselves, and the worry about who would care for their children if they died. It became apparent from the many requests for help from such women that a specific project was required to address these needs. Now access to ARVs has improved, as have the length and quality of life for people living with HIV.

In 2000, MMM initiated a pilot project in Mtsiriza, Lilongwe, in the parish where we live. All women in Mtsiriza were invited to take part. Participants were asked to describe their lives and then to dream how they might improve their quality of life. They were encouraged to identify the gifts within the group and ways to share them to achieve their dreams.

The project aims to help the women become self-reliant and deal with issues affecting family life by:

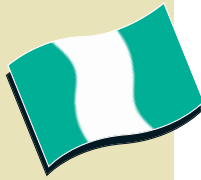
- providing a safe space where the women can identify their problems and be supported in finding realistic solutions;
- raising awareness among women on gender inequality;
- addressing domestic violence and abuse;
- finding ways to provide affordable recreation for women, who are always engaged in caring for others;
- giving support to women living with HIV/AIDS and caregivers and preventing the spread of the virus; and
- engaging the women in income-generating activities to meet family needs.

Shortly after the project started in Mtsiriza, the women of Kasiyafumbi, also in the parish, requested a similar project. The Women's Project started in Kasiyafumbi in 2004, building on experience from Mtsiriza.

Activities include bible-sharing, reflecting on the lives of the women in the scriptures. They are encouraged to find ways together to change their situation. Using MMM benefactor funding as a revolving fund we bought materials. The women have learned knitting, tie and dye, crocheting, sewing, cookery, poultry rearing, and small animal husbandry. There are literacy classes. Family Encounter allows the women to invite their husbands to participate. This has helped couples to look jointly at problems and enhance communication between parents and children.

Many of the women felt the need to start a teenage group so their children and orphans in the community could benefit. Nursery schools also came from the project. Some women are volunteers and teach the children in the school and teenage groups. The pre-school has a feeding programme. Children receive soya porridge processed by the women daily.

Some workshop facilitators are from our parish and they do the training at no cost. Some women have been sent to other institutions for training and become trainers in the larger group. This has been of tremendous help in keeping the groups going.



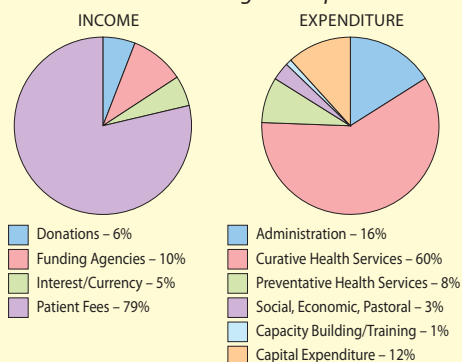
Sister Nwanneka and staff make sure that babies maintain normal growth.



A young mother knows that vaccinations keep her baby healthy.

There are 10 MMM Associates
in Nigeria

2011 – West Africa – Nigeria/Republic of Benin



Raising awareness: Story of change in Fuka

Sickle-cell disease (SCD) or sickle-cell anaemia is a common problem in Africa. It is a genetic disorder of red blood cells and occurs more commonly in people from regions where malaria is common. People with a single sickle-cell gene (AS or sickle cell trait) do not usually have symptoms of malaria, and show less severe symptoms when they are infected, so have a benefit. However, they can pass on the condition and are known as carriers. Sickle-cell anaemia is a form of sickle-cell disease in which the person has two genes for the mutation (SS). The protective effect of sickle cell trait does not apply to people with SCD; they are particularly vulnerable to malaria. They often develop complications or crises, some of which can have a high mortality if they are not diagnosed or treated. SCD can cause serious problems during pregnancy.

Our Sisters in Fuka tell how they have begun to meet the challenges of raising awareness, diagnosis, and treatment with the help of generous supporters.

Children who are not diagnosed are constantly weak, sick, and in pain. Parents cannot understand why the child is like this. They often reject the child, which leads to abuse. Marriages break up because the woman is blamed and the mother is left to care for the child. She may have no income, forcing her to look for funds by any means available. This may expose her to HIV.

We found that 137 people attended our clinic with sickle cell disease in 2011; of these 129 were eighteen years old or under. Many presented with severe anaemia. With the added challenge of resistance to malaria treatment, which may also involve the problem of fake drugs, sickle cell disease is an important issue for Fuka Health Centre. We wanted to have a programme to raise awareness and bring about a better quality of life for those with the disease or who are carriers. We submitted a proposal to *Misean Cara* for funding because the people in the area are poor and cannot afford to pay for screening for the condition. The proposal was accepted. It includes screening, information, and using drama to present the messages, since the literacy level is low. A DVD was made in the local language.

A population survey found a total population of 2,429. Of these, 745 came for testing. The results of the screening showed that 32% of the adolescents were AS. We targeted those preparing for marriage. If a person who is AS marries someone who is AS, the chances are that 1 child in 4 will have SCD and 2 in 4 will be carriers. Couples for marriage who found that they were carriers now had information to plan for their future. Out of 72 marriageable adults tested, 33 were AS and 3 were SS. Two couples told us that they had intended to marry but when they found they were AS they agreed to stop the arrangements. Though they had a hard decision to make, it may have prevented terrible heartbreak and suffering. Since the campaign many more have come for testing.

A little boy had been very sick because he was not diagnosed. Now he is in school and knows the symptoms to look for. He comes to the Sisters for his medication. He says, "I want to live as normal a life as possible, free from pain." Three families have changed their attitude to their children with SCD and have accepted them. The children are very happy when they come for treatment.

Thank you, our donors. Without you we would not be able to record this success story in Fuka. Your support does make a difference in the lives of the people we serve.

MMMs in Nigeria are also involved in:

- General hospital services and primary health care
- Services for HIV, TB/Hansen's disease, and women with obstetric fistulae
- Natural family planning
- Anti-trafficking awareness-raising
- MMM novitiate
- Vocation promotion



Ida receives her certificate.



Working with community and government staff to make health care more accessible



Raising awareness about HIV: A positive message

Helping to build capacity in Zaffé

Medical Missionaries of Mary take a preferential option to serve in situations where the need for true human development is great. Sister Jacinta Lumenze, based at Zaffé Primary Health Care Centre, describes how young men and women have been offered the opportunity to train as nurse aids.

Since 2003 this three-year course has enabled young people to become independent in the country. It is recognized and accredited by the government. Examinations, involving theory and practice, are conducted by a team of a medical doctor, a chief nurse and a chief midwife. An attestation is signed and issued by the centre of training. The course is provided free of charge, especially to the people of Zaffé, its catchment areas of seven villages, and the commune of Glazoué.

Ida Iretti was one of these young people. She began her training at our health centre in March 2009. She gained experience in primary health care in the dispensary, carrying out recordings of temperature, blood pressure, and weight. She was trained in patient observation and basic care. She also received maternity experience, assisted with vaccinations, gave health education, and helped at the health centre.

She gained additional experience at the government health centre and received excellent reports for good conduct, initiative, and competence. Ida was an example of someone who had integrated our MMM core values. She completed her programme this year with a very good result and is presently serving with us as a volunteer.

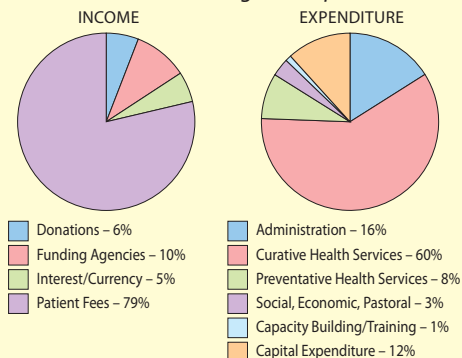
So far eight young people have graduated as nurse aids from the course at the MMM mission in Zaffé. Two more are now in their first year.

This has been made possible with the help of donors and in collaboration with the Liliane Foundation.

MMMs in the Republic of Benin are involved in:

- Health education in the health centre, villages, churches, and schools
- HIV activities
- Work with physically challenged
- Family planning education
- Home visits
- Pastoral activities
- Vocation promotion

2011 – West Africa – Nigeria/Republic of Benin



Primary health care staff celebrate together.



Capacitar exercises help people heal after trauma.



Weight monitoring to ensure children are growing



DELTA workshop participants: Bringing light to the world

First impressions of Kirambi

Angela Katalyeba, from Tanzania, recently went to a new assignment in Kirambi. She gives us her first impressions...

I have just joined the Kirambi Health and Development Programme (KCHDP). The programme, which focuses on very vulnerable people, has been in existence since 1997. Target groups include mothers and children, people living with HIV, families with malnourished children, very poor young married couples, primary school children, traumatized people, volunteers, youth out of school, and members of the 'Twa' people. We focus on three areas: community health and nutrition; agriculture; and community building and leadership.

In community health we sensitize the community about good health practices. We give health education in primary schools, teaching about good hygiene, HIV/AIDS, etc. We help people to access better health services such as antenatal care, vaccinations, and treatment for TB. For those affected by HIV, we offer voluntary counselling and testing, education, prevention of mother to child transmission, food and home-based care.

In nutrition, we work with community health workers to follow up children under-five in their villages. We do monthly weight monitoring, give basic nutrition education, and ensure the children are vaccinated and healthy. If not they are referred to the health centre. The rate of malnutrition in our catchment area has significantly reduced.



Working together: The rich harvest from a kitchen garden.

We promote modern agricultural techniques to increase household food production, especially for vegetables. We are focusing on growing maize, beans, soya, and sorghum in small areas such as kitchen, mandala, and sack gardens.

In community building and leadership we help people to recover from the effects of the genocide by building good relationships through counselling, conflict management workshops, and DELTA* workshops. We teach Capacitar exercises that empower people to manage stress and heal themselves. These bring about community transformation. We give Education for Life workshops for behaviour change to sensitize the community about HIV/AIDS.

In June a delegation from our main funder, Gorta-Ireland, came to evaluate the programme. During their visit, they witnessed the impact the programme has had on the people's lives: increased food production, better use of vegetables, improved health and living conditions, and more awareness of HIV/AIDS.

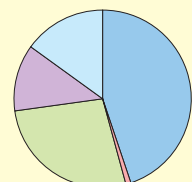
In July the programme was awarded a certificate as the best development partner in Nyanza District. Our activities were recognized for helping people to develop sustainable agricultural methods, better health and nutrition, and community-building. Appreciation was also given for our planning in collaboration with the Government.

We are also involved in

- Vocation promotion

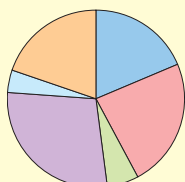
2011 – UGANDA/RWANDA

INCOME



- Donations – 45%
- General Mission Fund – 1%
- Funding Agencies – 27%
- Bank/Currency Income – 12%
- Patient Fees – 15%

EXPENDITURE



- Administration – 19%
- Curative Health Services – 23%
- Capital Expenditure – 6%
- Preventative Health Services – 28%
- Capacity Building/Training – 4%
- Capital Expenditure – 20%

*Development Education and Leadership Team in Action

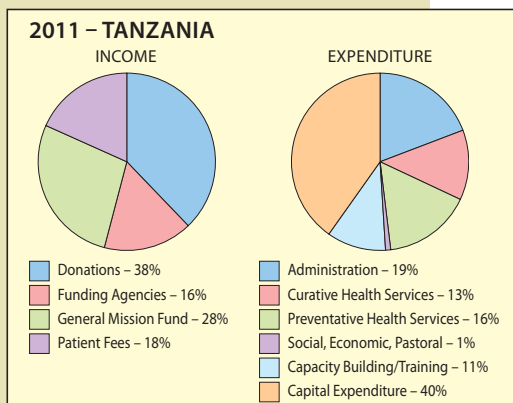


Raising awareness about the programme



Flyers are also used to spread the message.

There are 13 MMM Associates
in Tanzania



Starting palliative care in Faraja Centre

Faraja Centre Community-Based Health Care in Singida, Tanzania was established in April 2005. Sister Doctor Marian Scena describes how the Centre plans to respond to an evolving need in the area.

Our mission is to improve the health status of the community. Working with governmental, non-governmental, and faith-based organizations, we aim to reach the most vulnerable in Singida Region and the Diocese of Singida. Until now we have provided services for those affected by HIV/AIDS. Some received palliative care (PC). Now we have recognized a need to provide PC, especially end-of-life care, for all people who need it. PC is a new venture in Singida Town and will cater for the physical, psychological, spiritual, and social needs of our patients, especially those with cancer. Oral morphine, which has not been available here, will be provided. The PC Team will deliver the services through home-based care.

The Faraja PC Team will consist of: Sr. Dr. Marian Scena, MMM; PC Nurse Sharon Hennelly, a VMM from the UK; Ms. Amina Kimashalo, a nurse who will provide care and coordinate PC volunteers; and Sr. Nuala Horgan, MMM, a nurse-tutor with a special interest in education and sensitization issues. The team will develop a group of PC volunteers who will help care for and follow-up the patients.

We discovered that the Faraja PC Programme in Tanzania will be unique because there is no other institution offering PC that is not connected to a hospital. This caused problems because the Ministry of Health was not sure where we fit in. Recently it decided to classify us as a Special Clinic. This means that morphine will be stored and dispensed by the pharmacist in the nearby Regional Hospital, Singida, and we will be able to prescribe it. We will not be required to provide backup services such as a laboratory but will be able to use the Regional Hospital facilities. This new venture is part of the recent "Public/Private Partnership" that the government is encouraging. We will retain our autonomy but cooperate and network with the government health services through an agreement with the Regional Hospital.



Sister Mbuotidem doing an assessment

We will begin by educating and sensitizing health care personnel, religious leaders from the various Christian and Muslim communities, and local government leaders about the aims of palliative care. We want to involve the local community in care and receive referrals from these groups.

Because 2012 marks the 75th Jubilee of MMM, it seems a fitting time to initiate this new service that embraces holistic healing. Please accompany and support us with your prayers and donations!

MMMs in Tanzania are also involved in:

- General hospital services and basic health care
- Psychological services
- Capacitar
- Infusion preparation unit
- Vocation promotion



Sister Marian meets with a young patient.



Providing adequate housing

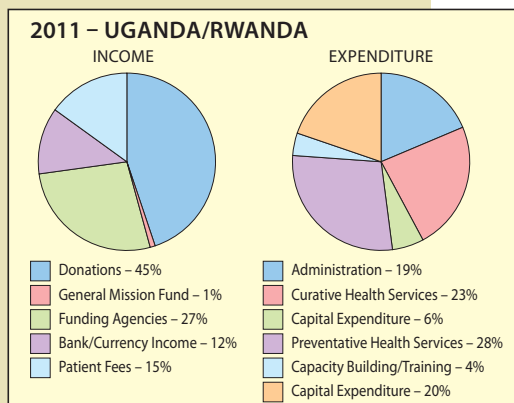


Home visit to a vulnerable child



Coordinating transport: an essential part of any service

There are 4 MMM Associates in Uganda



A centre of excellence: Makondo Health Centre

Sister Mbuotidem Etim writes about the plans for Makondo Health Centre to become a centre of excellence.

The Makondo Health Centre has three components: Dispensary, Community-Based Health Care (CBHC), and a HIV/AIDS Mobile Programme. The Centre has recently undergone an intensive restructuring to ensure that we work according to the standards approved by the government of Uganda and the Diocese. The programmes are being integrated to attain a high quality of service.

As part of this integration, the three heads of department – Sister-in-charge, Administrator, and Outreach Manager – meet daily to plan activities and co-ordinate transport. Each department makes its own budget, which is then implemented according to the availability of funds. Money is released based on the budgeted activities according to approved processes and procedures.

The Dispensary carries out antenatal clinics every Thursday and child and postnatal clinics every Tuesday. Outpatients are seen every day. Services include assessment and diagnosis, laboratory investigations, health education, growth monitoring, and immunization.

Community-Based Health Care outreach operates in six communities. Activities include sensitization to create awareness about common diseases. There are workshops about behaviour change, drug abuse, human development, sanitation and hygiene, gender, and human rights. These are aimed at helping the community to avoid diseases, promote justice, and enable youths to make positive decisions for a better future.

The HIV/AIDS Mobile Programme conducts clinics at seven centres once a month. Patients receive health education, counselling, and treatment. Other activities include:

- Home care, palliative and pastoral care visits: Patients who are too sick to attend a mobile centre are visited and given care at home. We offer assistance such as blankets and food to the neediest patients.
- Housing: We construct and renovate houses for the neediest families affected by HIV/AIDS. They are identified with the help of Community Health Workers.
- Orphan empowerment: We hold monthly workshops for heads of households and siblings in families of orphans to empower them to face life more positively. Eight groups gather for social activities, to share problems, and support one another.
- Care for vulnerable children, including those with disabilities: these are facilitated to attend hospitals for intensive therapy. Their carers are trained in simple practical therapy.
- Carers' day: Days are set aside for carers who give home-based care to neighbors or relatives who are too ill to take care of themselves or their families. They share ideas, challenges, and progress in the management of people with HIV/AIDS and orphans.

MMMs in Uganda are involved in:

- Ministry to prisoners and people with drug and alcohol addiction
- People with disabilities
- Services for women with obstetric fistulae
- Early preparation of women joining MMM
- Vocation promotion



Celebrating 50 Years



Sister Helen celebrates in Uganda.



Sister Jean greets friends at the dinner.



Sister Chris celebrates with her sister-in-law Patricia.

Sister Helen Aherne

Sister Helen is from Co. Cork, Ireland. She trained as a nurse-midwife and her first mission assignment was to Tanzania, where she spent over twenty years as a nurse and hospital matron. She also worked as a theatre sister in Ireland and did mission awareness work. She did fundraising in the USA for several years and completed training as a drug and alcohol counsellor. Sister Helen did volunteer famine relief work in Niger. She presently works in Uganda with those affected by drugs and alcohol as well as with prisoners and street children.



Sister Jean Clare Eason

Sister Jean is from Buffalo, New York, USA. She trained as a dentist and her first mission assignment was to Nigeria. After serving in MMM leadership for several years she trained in social work. Her next mission assignment was to Appalachia in the USA, where she spent eight years in a coal-mining area of Virginia as a legal advocate. She was then assigned to Brazil, where she spent six years before a further leadership position in Ireland. At present she serves in MMM leadership in Brazil.



Sister Kay Lawlor

Sister Kay is from Beverly, MA, USA. She trained as a dentist and her first mission assignment was to Tanzania, where she practiced dentistry for several years before serving in MMM leadership. After vocation ministry in the USA she trained in pastoral studies. Her next assignment was to Uganda, where she spent ten years in pastoral care and counselling. She was instrumental in developing counselling services for those affected by HIV/AIDS in that country. After several more years in MMM leadership for East/Central Africa she was assigned to Kenya. She has spent almost ten years there in facilitation, pastoral ministry, and leadership.



Sister Christina Gill



Sister Christina is from Co. Roscommon, Ireland. She joined MMM after training as a nurse. After several years of nursing in Ireland and completing midwifery training, she was assigned to Nigeria in 1967. There she spent almost forty years in a number of rural areas. In addition to nursing duties and serving several times as hospital Matron, she also carried out leadership roles in MMM.

Sister Leonora Quealy



Sister Leonora is from Co. Waterford, Ireland. She trained as a nurse-midwife and her first assignment was to Rome, where MMM staffed a clinic. After studying children's nursing she was assigned to Kenya, where she worked for twelve years in public health. She returned to do many years' nursing in Ireland. During this time she also worked in an orphanage in Romania and a refugee camp in Rwanda.

of commitment as Medical Missionaries of Mary



At the Offertory of the Jubilee Mass, Jubilarians and family members carried the gifts, including several that were symbols of life in MMM.



Sharing the cake-cutting



Sister Theresia Samti

Sister Theresia was born in Dareda, Tanzania, and was one of the first Tanzanian MMMs. A teacher before joining MMM, she trained as a nurse-midwife. Her first mission assignment was to Tanzania, where she worked as a nurse and hospital matron for several years. She then spent almost twenty years training and guiding women of various nationalities in their early years after joining MMM. She also served in leadership positions and worked as a nurse in Uganda. She spent four years in Ethiopia as a nurse-midwife.



Sister Cecily Bourdillon

Sister Cecily was born in Zambia. She trained as a physician and has had a variety of mission experiences. Her first assignment was to Nigeria, where she spent nearly twenty years, especially working with those with TB and Hansen's disease (leprosy). She did famine relief work in Ethiopia. Several years in Angola followed. For over ten years she has been based in Malawi, working with those affected by HIV/AIDS.



Sister Cecily celebrating her Jubilee with other MMMs and friends in Malawi.



Sisters Theresia and Rose Mogun meet during their time in MMM leadership.



Sister Opportuna Cypriani Sanka

Sister Opportuna is from Bashanet, Tanzania and was one of the first Tanzanian MMMs. After training as a nurse-midwife her first assignment was to Tanzania, where she served first as a nurse and then as matron. She trained as a nurse tutor and spent twelve years in Kabanga School of Nursing. She was then assigned to Angola, where she again served as a tutor for ten years. She spent several years in MMM leadership in Angola and in training young Angolan MMMs. After several more years of clinic work, she returned to Tanzania, where she now resides.



Mission TO THE Republic of South Sudan

Walking in paths that are new...



New Mission in a New Country

Bussere was destroyed during the conflict

Many of our friends are already aware of the decision that MMM made in 2011 to respond to the great human need in the world's newest country. South Sudan is in the process of recovering from Africa's longest-running civil war. We are pleased to bring you up-to-date with our plans to begin services in this ethnically and linguistically diverse nation.



Sister Chinyere



Sister Irene



Sister Odette

Three Sisters – Chinyere Iwunze, from Nigeria; Irene Balzan, from Malta; and Odette Nahayo, from Rwanda – have been assigned to respond to the request by the Bishop of Wau, Rudolf Deng Majak, for medical personnel. Chinyere has worked in Uganda; Irene worked in Nigeria and the Republic of Benin. Odette has worked in Kenya. These Sisters bring a wealth of experience and enthusiasm for this new mission.

By population, Wau, in Upper Nile State, is the third-largest city in South Sudan. It is the mother diocese of the Catholic faith there. We hope that the Sisters will reside in Wau and give services in Eastern Bank. This has a huge number of settlements for the displaced people who fled during the war and who have returned since the signing of the Comprehensive Peace Agreement in 2005. The need for pastoral care and health services has greatly increased. The MMMs will provide community-based health care for almost 25,000 of these people. There are no services or infrastructure and the people are living in grass-roofed huts. Malaria is a major problem because the settlement is close to the river.

To prepare for this venture, in September 2012 the new team will gather for a ten-day orientation, facilitated by Hedwig Nakafu and Andrew Otsieno, MMM Associates from Kenya. The orientation will include team-building and concrete planning. A Maryknoll lay missionary will share her many years of experience working in Sudan. A field officer from AMREF will give input, as will the Provincial of the Comboni Sisters. Sister Geneviève van Waesberghe, MMM, who has worked in Rwanda, plans to give input on trauma and Capacitar, a type of bodywork effective in healing trauma. Because understanding the language is essential to appreciate the people and culture of a country, arrangements will be made for the Sisters to learn Arabic.

Two members of the team and another MMM will visit Wau after the orientation for an initial assessment. Hopefully the whole South Sudan Team will go to Wau in November and have an evaluation and debriefing after six to eight weeks. Two members of the Congregational Leadership Team will visit East Africa in early 2013 and will include South Sudan in their visit.

In view of the insecurity of the situation, the Comboni Missionaries, Franciscan Missionary Sisters for Africa, and other Congregations who work with Solidarity for Southern Sudan* will provide assistance. Also for support, the new mission will be linked to our MMM communities in Kenya.

As Medical Missionaries of Mary, we are part of the enthusiasm and feeling of hope as many people – local individuals, missionaries, and other organizations – work together to build a new country. Please join us in supporting this adventure in faith.



At Gogrial church: Sisters Kay and Emelda made an exploratory visit to South Sudan. Fathers Ireneus, Germano, and Paul made them welcome.

*Solidarity with South Sudan (Solidarity) is a consortium of more than 140 religious congregations. It seeks to promote the Kingdom of God in partnership with the local church and the people of Sudan through the establishment and development of teacher and health training institutes and pastoral services. At the moment, there are 23 people on the ground representing 13 Congregations and 14 nationalities.

Sharing Our Spirit...

MMM Volunteers and Supporters

Mother Mary wrote in 1947, marking our 10th anniversary, "I have tried and failed to find words adequate to express our deep Gratitude to God and to all our benefactors."

Our work in bringing health and healing around the world would not be possible without the support of many people. Some are members of funding agencies. Some are relatives or friends of MMMs. Still others are members of local groups that came to know about MMM through mission awareness. All have contributed in important ways. Funds and supplies enable us to continue services. Trained personnel work with us and share their skills.

A personal contact

Among our supporters in the UK are the parishioners of Our Lady and Saint Joseph Parish in Cromer, Norfolk. For many years they have helped Sister Brigid Corrigan, presently based in Uganda and working with those affected by HIV. Mary Haynes is a member of the Parish Council.

"We learned of Sister Brigid's work through the family connection of one of our parishioners. Our connection and commitment has been strengthened by the visit Sister Brigid made to tell us about her work. We also appreciate the letters and photographs she has sent, showing how much good the money we send does. Each year we send the Lenten Alms collection, sometimes supplemented by the proceeds of coffee after Sunday Masses. We put the letters and photographs Sister Brigid sends us onto the Parish website at www.ourladyandstjoseph.info and also on the notice board at the back of Our Lady of Refuge Church in Cromer."



"The photograph, taken before Mass on a bright spring evening, shows Father Denys Lloyd, with four members of the Parish Pastoral Council: Breda Godfrey, Simon Mustoe Arthur, Mary Haynes, and Mary Mustoe Arthur."

Volunteers

Sharon Hennelly, a volunteer from the UK, is a palliative care nurse and a member of the Volunteer Missionary Movement. She arrived in Tanzania on 1 July 2012. She is helping to begin palliative care services at Faraja Centre in Singida, Tanzania.



The Medford Circle of Friends

A wonderful group of dedicated supporters, called the Medford Circle of Friends, worked with the Sisters in Somerville, MA, USA, for the celebration of our 75th Jubilee.

The Medford Circle began in 1999 with a Mission Appeal at which Sister Joan Grumbach spoke. Joan made an impression on Margie Chisholm, who unexpectedly met Joan later in Somerville and commented that it must be difficult to tell the MMM story in a couple of minutes. From then on Margie and her husband, Paul, used their resources to support us. An interested group met at the Chisholm home and saw the video of our Sisters going to Rwanda in response to the genocide. Thus was born the Medford Circle of Friends. MMM Sisters visit this group on home leave. The Circle carried out fundraisers such as yard sales and sales of gift cards and Communion bracelets, gathering more friends and making MMM better known.



Looking for something more to do, they reserved their beautiful new Parish Centre to celebrate our 75th Jubilee with us. On 11 March, over two hundred family and friends of MMM gathered for Mass, followed by lunch and the opportunity to meet many friends from the early days to the present. One of the Sisters passed through the kitchen to say thanks to all the women and their daughters and friends. Their response was, "We are having so much fun!" These friends are a wonderful testament to what happens when we share the MMM charism with others.



MMM

IN

England

SINCE 1954



Sisters Brigid and Helen with Sister Siobhan (center)



"...a thank you to all the people [we] have been privileged to care for..."



Sharing the day with Sisters Mary Shephard and Helen McKenna.

MMMs in the UK are also involved in

- Mission awareness
- Fund raising
- Parish work.
- Vocation promotion

There are 2 MMM Associates in England

Words of gratitude

Two MMMs on UK Honours List

In May, Sister Helen Spragg, from Sheffield, and Sister Brigid Corrigan, from Penrith, were each awarded an MBE for services to international health.

Sister Brigid is a physician who has worked in Tanzania in the care of people living with HIV. Presently involved in this ministry in Uganda, she is a specialist in HIV treatment and control. Speaking about the award she said, "I look on it not so much as a 'thank you' to me, but a 'thank you' to all the people I have been privileged to care for in many places...through all these years."

Speaking about her work with those affected by HIV she said, "My experience is that until there is genuine gender equality, with respect and empowerment for women, our prevention programmes will not work. Equality is needed to bring about right relationships with God and creation."

Sister Helen spent her first eight years on mission as a pharmacist at our hospital in Uganda. She went to Rwanda to relieve for three months, not long after the genocide, and stayed for eleven years. She helped to build up a community health programme in rural Rwanda with a special focus on helping people deal with trauma.

She explained, "Sisters Rose, Agatha, and I worked as a team. Our overriding concern was that problems were largely due to the trauma the people experienced from the genocide. With time I began to examine what was really important in my ministry and what it meant to live with integrity with poor and traumatized people. At first all we can do is be with them and show compassion. What is important is that someone listens and doesn't give up on them – frequently when they have given up on themselves. We also wanted to be accountable for the wonderful support we had received and show that we had used it well."

Thank you, St. Francis Leprosy Guild



Sister Anne Curtin recently transferred from the MMM Ealing community to Beechgrove community in Ireland. She will be missed in Ealing as well as at the St. Francis' Leprosy Guild, where she brought her long experience of working with people with Hansen's disease (leprosy) to her voluntary work with the Guild. While a small charity, this organization, founded in 1895 in London, provides yearly support to about eighty Hansen's disease centres around the world, mainly in Asia and Africa.

The Guild has supported MMM projects in several countries in Africa for over sixty years. Huge strides in the control and elimination of the disease have been made with the availability of very effective treatment, free of charge, to all patients worldwide. Access to information, diagnosis and treatment is key to eliminating it as a public health problem. Hansen's disease is not very infectious but areas with many cases still remain in parts of Africa, Asia, and South America. WHO reported that the number of new cases detected during 2010 was over 200,000. Information campaigns are therefore crucial to prevent disabilities and prevent further transmission.

While the group's main concern is with Hansen's disease itself, Sister Anne told of the funding she obtained that made possible a permanent water supply in Abakaliki, Nigeria, which was previously dependent on unreliable, shallow bore holes. She found her work with the Guild very fulfilling. It provided an opportunity to meet the people who have been so committed to providing a better quality of life for others.



Helping to set up the computer lab



Ann Hook (left) and Joan making their covenant as AMMMs in 2011

**There are now more than
ninety AMMMs worldwide.**

Women empowered in Guatemala

Joan Gagnon, an MMM Associate from Mansfield, MA, USA, lives the MMM charism by sharing her gifts with women in Central America.

In 2011 a friend of mine asked me to join a group of business women travelling to Guatemala to work with women in building business capacity. The Guatemalan women, indigenous Mayans, were the leaders of a group that visited very poor village women who were pregnant. Each month they brought a month's supply of nutritious food and taught them how to care for themselves during and after pregnancy. This had been funded by a non-profit organization of large American coffee producers. With the recession, funding dried up. Our job was to help these women generate money and develop ideas to fund their own project.

Some ideas were washing clothes for the Spanish school students, selling fresh juice, connecting them to US buyers to sell their woven treasures, and setting up an internet café at the home of one of the women. In the first year we were only there five days so we were not able to accomplish much more than establishing a relationship, learning about the maternal health project, and brainstorming ideas.

During that year, we had monthly conference calls with one of the women. A US dental clinic donated eight second-hand laptop computers. Rotary and an information technology executive provided funding and labour to get the laptops working. We thought the Internet café was born.

The Mayans speak Mayan and Spanish, so communication was always a challenge. I developed a business worksheet they could use to determine if the Internet café would have a profit. Our goal in the second year was to set up an Internet café before we left. That was a little optimistic since we only had six days this year. Although there was Internet in the village, the cost to have the lines brought to the house was prohibitive. We explored different locations and costs. We found that this would not be a viable project until the Internet was more available and affordable. We were very disappointed. Nevertheless things worked out when we recommended that the women sell the computers and use the proceeds to fund their project.

We are currently planning our 2013 trip to Lake Atitlan, Guatemala to continue to build capacity.



Affirming their call

MMM Associates in Dareda, Tanzania, where MMM ran a hospital for many years, show their commitment to our charism. They heard that our MMMs in Nangwa were having problems maintaining clinic services. They now raise funds to pay a salary for a nurse.

Who are the MMM Associates?

An Associate of MMM (AMMM) is a woman or man of faith joined in a special relationship with the Medical Missionaries of Mary, in ministering to all people according to the mission and charism of MMM. Members live out the healing charism of MMM, in prayer and action. The objectives of the Associate Movement are to help the Associates and vowed members to:

- Affirm and support their Christian call to be disciples of Jesus
- Live the healing charism of MMM
- Be nurtured and mutually enriched in their personal and spiritual growth
- Promote reflection and action on justice and peace issues
- Commit to deepening relationships and fostering a sense of belonging to a worldwide movement



MMM
IN
The USA
SINCE 1950



Mario presents cheque to Sisters Eileen, MMM and Joyce, OSF.



Connie with Marian and Joyce. Connie plans to become an MMM Associate.



Sister Bernie with Frannie Baxter, RN

MMMs in the USA are also involved in:

- Pastoral work
- Complementary therapies
- Vocation promotion

There are 12 MMM Associates in the USA.

Two stories of ministry

The Mission Development Office (MDO) in Chicago, Illinois

Much of our ministry in the United States involves raising awareness about our work in health and healing, especially where human needs are great. We hope that our supporters will become concerned about why there are such needs.

The primary focus of the Mission Development Office is on building relationships with our partners. We try to communicate their importance to us, first of all as friends and then as donors. We are encouraged that we are receiving many more personal notes with gifts than previously.

It is vital that those who partner with us in mission see the success of their efforts through our Sisters. Connie Saldivar and Joyce Zarnik, OSF, are part of the MMM team at the MDO, helping to share the stories from our MMMs and volunteers in the field.

In 2012, Mario Mendoza helped us to set up a Facebook page. This is another way to build relationships. These "friends" may never donate to MMM, but they are certainly more aware of the conditions under which many people in the world live. Mario runs races and donates the proceeds to MMM, encouraging others to get involved.

By being good stewards of our resources, we assure our supporters that they are playing a significant part in alleviating suffering and bringing the healing love of God to those we serve.

Appalachian Family Care

Sister Bernadette Kenny has worked in western Virginia for more than thirty years. She continues to bring basic health care to marginalized people in this coal-mining area, using a novel approach.

Welcome to Appalachian Family Care, a clinic covering two hundred square feet, between the pharmacy and video departments in a grocery store in Grundy, Virginia. Allow me to share the reality of health care delivery in America in 2012.

Sheila, the mother of four children, attends this clinic. Her husband is disabled. Sheila has no health insurance, although she works twenty hours a week. She gets less than the legal minimum wage because she is allowed tips from her job, which she must share with the other workers. She can count on \$100.00 per week to support her family and keeps an "emergency fund" from this meagre amount. Sheila has had a urinary tract infection and a temperature of 102°F for three days.

She called the local Primary Health Care office. Because she is not an enrolled patient, she was told that the first available appointment was in four weeks. She can go to the hospital emergency room and be seen today but she must have \$125 for a basic exam, not counting fees for tests, medications, etc. She is not eligible for a health management organization. This would cost \$150 per month.

On television she can observe the latest style of health care, Concierge Care, in which a wealthy person, with health insurance, can make a contract with a Personal Physician who will draw up a personal health plan. The physician will agree to respond to any need of the patient for between \$350 and \$500 per month.

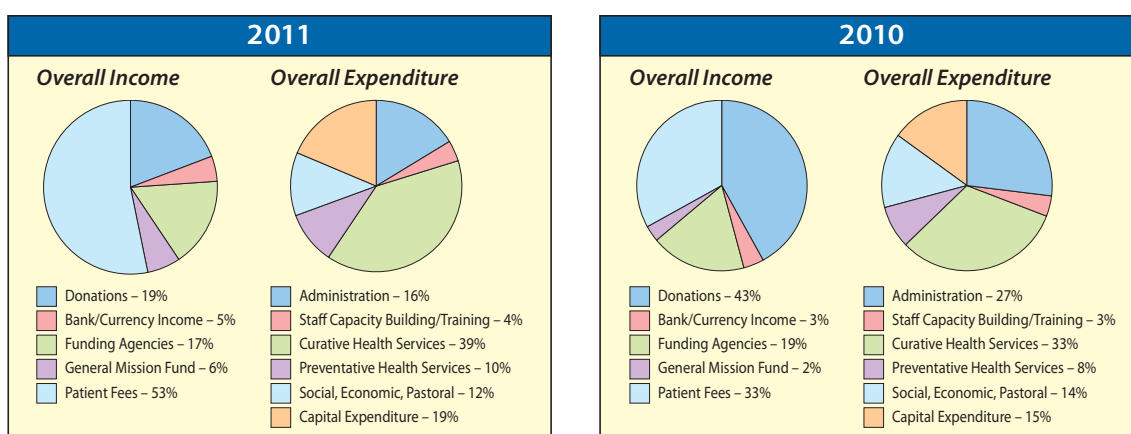
Sheila chooses Appalachian Family Care because she can pay \$30 down and make payments on the remainder of \$60. She will be seen immediately, get her medication (usually generic), and get her groceries, all in one place.

Supporting Our Mission Worldwide

Supporting Our MMM Mission Worldwide

The first set of pie charts shows the total amount of income and expenditure used by MMM for the works of the Congregation during 2011. Included in the income are donations. We are deeply grateful to our donors who support our work and mission. We are grateful to those who work in collaboration with us, especially with the governments of the countries in which we work. Their contributions, included under donations, are essential in maintaining services.

In comparing income in 2010 and 2011, there is a significant difference in that obtained from donations – 43% in 2010 and 19% in 2011 – and patient fees – 33% in 2010 and 53% in 2011. These reflect an absolute decrease in donations received and an actual increase in the income from patient fees, especially in West Africa.



Finance and Fundraising Meeting IRELAND 2012

From 15 to 20 July 2012, twenty-three MMMs and four AMMMs gathered in Dublin for our first Congregational Finance and Fundraising Meeting. For the first time, MMMs and Associates met at Congregational level to share their experiences of building partnerships and raising funds for our life and ministries. The energy, passion, and wisdom of the AMMMs made a very real contribution to the gathering.

The meeting, funded by Misean Cara, was a time to share, to learn from one another, to move forward in our efforts towards best practice, and to find ways to carry the MMM story to others. As Father Vincent McNamara, SPS, said at our closing Eucharist, we did this to help us carry out God's mission: to spread God's word and healing; to enable God's mission to be realized through us. This is a mission of continued service to and with the poor.

Some of our partners gave input. They emphasized the importance of relationships as they shared their enthusiasm for mission. They gave suggestions about how best to maintain existing partnerships and generate new ones.

Stewardship is a core message of Christ and of the Scriptures. We are accountable before God. Stewardship is shown in the building and nourishing of relationships with our donors and is an invitation to take the person who is donating into the adventure of MMM. Good stewardship requires good supervision. Good stewardship requires that we exercise Best Practice.

Sustainability involves a balance of financial, human, and environmental resources. It includes meeting the present needs without compromising future generations. If we are to deliver health care services to the poor, financial sustainability is only possible with grants or other assistance. The poor and marginalized whom we are committed to serve have limited means of payment. We can only partly fund our ministries by charging fees. The reality of our situation in regard to sources of income is shown in the charts above.

Given our reality in relation to human resources, consolidation is essential to sustain our healing ministries world-wide. We also looked at how we could share experiences and resources in the future.



MMM

IN

Ireland

SINCE 1937



MMMs outside their home in Rosedale.



Sister Bernadette shares the news with Aras Mhuire residents.

MMMs in Ireland are also involved in:

- Mission awareness/vocation promotion
- Parish/pastoral work
- Complementary therapies
- Anti-trafficking/work with refugees
- Training programmes for missionaries

There are 9 MMM Associates in Ireland.

Stories of Service

25 Years of Service in Rosedale, Kilmacow

In 1987 MMM responded to a request for Sisters to come to Rosedale. The Presentation Sisters had left Kilmacow after many years of teaching and their convent was available. Bishop Birch saw needs for care of vulnerable, needy, or elderly people. Now there was place for a 'home from home' for those who needed a secure place to live.

The main concern was to have the residents still involved with the local community. They would be able to go to the church, shop, to visit their neighbours, etc. They wished the Sisters to care for health needs. Rosedale was to be the people's home.

Because more people came to stay more staff were hired to care for them. Buildings were always in progress. One of the first residents donated money for a lift. Five bedrooms were added to the residence. Later sixteen bungalows were built for elderly people wishing to retire in Kilmacow.

A total of twenty-six MMMs have come to Rosedale from 1987 to 2012, bringing warmth and care. They look after all aspects of the running of the home, including buying provisions, getting medicines, and bringing residents to doctors and to hospital. Caring for the residents is their primary focus.

Today five Sisters live in Kilmacow: Lucia Lynch, Edel Tanner, Elizabeth Dooley, Marcellina McCarthy, and Sheila Devane.

"This then is what I pray..."

MMMs provide a powerful source of love and care for the world in our nursing facility in Drogheda, Ireland. Sister Bernadette Freyne describes her pastoral ministry in Áras Mhuire.

Nobody looks forward to going into a nursing facility. This is especially true for MMMs who have led a full and busy life in overseas missions. It means they are slowing down and are not able to do what they once took for granted: things like going out shopping or for a walk. They also know that there is still so much that needs to be done in the countries they have left. The sick, the orphans, the hungry, the homeless, and so many more, are still there. How they would love to be back there again!

The Sisters on pastoral ministry in our MMM nursing facility in Drogheda, Áras Mhuire, are very aware of this reality. While all the health needs of our Sisters are met, they need people to listen to them and share in their memories and concerns. We are here to provide that presence. They love to hear news about different countries and about MMM. Each day a group of about fifteen meet with Sister Patricia O'Kane for Morning Prayer. They enjoy a chat, listen to music, and have their cup of tea together. Afterwards we have Mass at 11.30 a.m., followed by lunch. Many sisters come over from the Motherhouse after siesta to visit their friends and/or join them at the Holy Hour.

Life is made as home-like as possible. We take those who are able on shopping trips and days out. Some visit family and friends. They enjoy exercises and games and some follow sports. As far as possible they live full, meaningful, and well-balanced lives. The important thing is that the 'pastoral Sisters' are present to our MMMs who are now frail or in poor health – to help, to listen, to motivate, and to laugh with them. These Sisters have given so much to others and they continue to make their lives a prayer for the many needs of the Church and world today. Presence is the most important aspect of our pastoral ministry in Áras Mhuire.

Celebrating 75 Years on Mission

The birth of MMM

On Low Sunday 1937, Marie Martin wrote to Miss Moynagh and Miss O'Rourke, the first two novices in the newly-established Congregation of the Medical Missionaries of Mary. At the time they were in Anua, Nigeria and were not able to attend ceremony of first profession of the MMM foundress in Port Harcourt, where she lay seriously ill.

"Te Deum Laudamus! After all these years Our Divine Lord has granted me my heart's desire to be His Spouse as a Member of the Medical Missionaries of Mary. This morning at 7 o'clock, Msgr. Moynagh, Mother Fidelis, Mother Bernard of the Holy Child Order, and Mother Mathias and Sister de Sales of the Holy Rosary Congregation came to my room in the European Hospital where the little humble and hidden ceremony of the first Profession took place. Just before receiving Holy Communion I took my Vows, and what a Holy Communion...What could have been more beautiful and simple, just as Mary, our Mother, would like to do all things, no fuss, no show, but all the essentials. (Signed) Sister Mary of the Incarnation"



Giving joyful thanks at the Mass in Benin City



Proud relatives of the five Sisters making their final commitment in MMM

75th Jubilee West Africa Area

Our planning for the 75th Jubilee Celebration started at the West Africa Area Assembly in October 2011. The anniversary of Mother Mary Martin on 27 January 2012 was marked in each community using special candles we had received at the Assembly. These will be also used on MMM special feast days and birthdays. We will have a retreat focusing on the Jubilee theme.

Communities were asked to do fundraising in their localities. The purpose was to tell our story and create ways for people to join us as MMMs or Associates. We now have a wide range of people who want to be friends of MMM and actively support our missions.

Our new chapel in Benin City was dedicated on 1 June by the Archbishop of Benin City, Most Rev. Dr. Augustine Akubueze, who celebrated Mass for us.

On 2 June we celebrated the 75th anniversary of the Congregation with the perpetual profession of five Sisters. It was an opportunity to show hospitality to our many guests, who came from all directions. Family members, friends, AMMMs, four bishops, over fifty priests, and more than one hundred religious attended. The Bishop of Uyo Diocese, Most Rev. Dr. Ekwueme gave the homily, emphasizing the Jubilee theme: "Celebrating memories, expanding hearts and creating a future together". He traced his own story with MMM back to 1964, expressing his gratitude for his vocation to the priesthood, particularly to Sister Teresita Donnelly.

It was a beautiful day and an opportunity for us to say 'thank you' to all those who have supported us in our ministries over the years. We are especially grateful to the local church in the dioceses where we live and work and to the local people who provided funding for the celebrations.

Celebrating the MMM 75th Jubilee in Ireland

Opening of the Mother Mary Room

As part of the celebration of our 75th Jubilee, we decided to establish a permanent exhibition telling the story of Mother Mary's life, including her struggle over twenty years to discover what God was asking of her. This has been set up in what were formerly Mother Mary's office and the Bursar General's office in the Motherhouse, Beechgrove, Drogheda. It has been named the *Marie Martin Room*.

A preview of the Room was held on 31 May 2012, to which members of the Martin and Moore families were invited. Service-providers of MMM in Ireland covered the cost of setting up the exhibition and were also invited. Those who attended felt that it is a beautiful and fitting tribute to the life and work of Mother Mary. We plan that a second room depicting the worldwide mission of MMM and the development of our various ministries over the years will be set up over the next few months.

Reunions

On 8 September, **the IMTH Nurses' Reunion** was held in Beechgrove, Drogheda to commemorate the 75 years since the foundation of MMM and to remember the excellent training received from the MMMs in the International Missionary Training Hospital. It was a celebratory hospital reunion of past students and staff who had happy memories of their time. Approximately 2,000 nurses trained in the IMTH until the training centre transferred to the Dundalk Institute of Technology.



On 1 October we will have a **Reunion for former MMMs** in Beechgrove. Please inform any former MMMs you know who might like to attend. For details, please contact Sister Ursula Sharpe in Drogheda at (353) 41 983 7512

Organ concerts

Dr. Peter Weber of Austria is an old friend of MMMs who worked in Nigeria in the 1980s. He was working in Jos and was impressed by the work of MMM among people with Hansen's disease (leprosy). On returning to Austria, his good friend, Professor Bruno Oberhammer, an internationally known organist, arranged charity concerts for MMM. Professor Oberhammer recently retired from his main teaching post. To mark the Jubilee of MMM, Dr. Weber and Professor Oberhammer will make their first visit to Ireland in October 2012. Professor Oberhammer will perform four concerts for MMM, the proceeds of which will be allocated to our new mission in South Sudan.

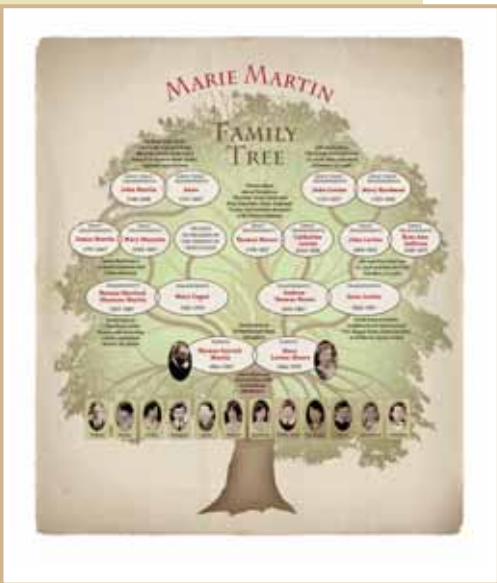
The first concert is at **St. Joseph's Church**, Glasthule, Co. Dublin, on Wednesday, 10 October at 8 p.m.
St. Joseph's is where Mother Mary was baptized.

The second concert is in **Galway Cathedral** on Friday, 12 October at 8 p.m.

The third concert is in **Glenstal Abbey**, Co. Limerick Sunday, 14 October 14 at 2 p.m.

The final concert is at **The Church of the Assumption**, Ballyphehane, Cork on Monday, 15 October at 8 p.m.

Admission to all concerts is **FREE**. A basket will be available for donations for our new mission.



Part of the exhibit in the Mother Mary Room



Professor Bruno Oberhammer

Awards

Two MMMS on UK New Year's Honours List

Sister Helen Spragg, from Sheffield, and Sister Brigid Corrigan, from Penrith, were each awarded an MBE for services to international health. *See story on England: page 18.*

Three MMMS receive Pro Ecclesia et Pontifice

Sisters Bernard McCarroll, Cecilia Asuzu, and Leonie Mc Sweeney will be awarded the **Pro Ecclesia et Pontifice** medal later this year. This is the highest honour given to consecrated religious. It is a mark of immense gratitude for the outstanding service they have given to the Church, to the Catholic faith, and to healthcare.

Ten Sisters made First Profession of vows:

Sisters Odette Nahayo (Rwanda), Christine Nanyombi (Uganda), Perpetua Ndahetekela (Angola), Juliet Ezekwere, Ifeoma Ifedi, Vivian Igwe, Anthonia Nwachukwu, and Augusta Ubaegbonwu (Nigeria) made their Professions in September 2011. Bernadette Fadegnon, our first MMM from the Republic of Benin, and Cecilia Kanulor, from Nigeria, made Profession in September 2012.

Child protection

In 2011 we published the MMM Child and Vulnerable Adult Protection Policy. We reaffirm the Guiding Principles and Procedures contained in the policy as part of our healing mission.

Good news for Capacitar

Sister Geneviève van Waesberghe has conducted workshops as an International Capacitar Trainer for several years. This work, which enables people to heal themselves from trauma and learn to live in non-violent ways, has brought her to many countries in Africa. It has involved collaboration with partners in human rights organizations. Sister Geneviève recently told us the exciting news that Capacitar is now an NGO. The team has been asked to teach the skills at the new Catholic University in Rwanda in the Department of Social Sciences.



Graduations

In July Sister Rosemary Akpa graduated from the African Sisters Education Collaboration Programme – Financial Programme – in Nairobi. This course was offered by six Congregations in America through the Conrad Hilton Fund. Sisters Angelina Osuagwu and Mbuotidem Etim will also graduate in East Central Africa. Conrad Hilton's grandson attended the graduation. Sister Kathie Shea met Mr. Hilton and shared the good works of MMM with him.

The Sisters graduating from this course have successfully completed Financial and Administrative Leadership Training. They are empowered with leadership and financial competence and are able to share this in their communities and Congregations.

Vocations

Our MMM house in Benin City, Nigeria hosted The School of the Lord's Service this year for eight young women. This was a time of renewal and exploration as part of their preparation for final commitment to MMM.

Celebrations for our 75th Jubilee and the Final Professions of five of these Sisters were held in Benin City on 2 June.



The five Sisters who made their final profession pose with relatives.



Sister Chiagoziem, from Nigeria, who made Final Profession in Nairobi on 5 May, with MMMS from East/Central Africa Area

When the evening comes and the busy world is hushed



**Sister
Marie Thérèse
Roberts**

Nora Roberts was born in Wales in 1922. After working in the civil service in England, she earned a Diploma as a Home Teacher for the Blind. She joined MMM in 1954 and worked in the hospital office in Drogheda. Assigned to Nigeria, she returned home because of eye problems. For the next twelve years she was a secretary in the School of Nursing in Drogheda.

In 1975 she was assigned to Ealing, London, where she did parish work and visited the elderly. She was community leader and bursar and did Mission Awareness in England and Wales. Marie Thérèse transferred to Birmingham in 1988 and was again involved in pastoral care of the elderly. She arranged coach trips to places of interest. She was also Honourable Secretary and Treasurer of the Catholic Biblical Association.

Due to ill health she returned to Ireland in 2007. She became totally blind and had very little hearing but with help she kept up correspondence with friends. She died on 26 May 2012.



**Sister
Margaret
Doyle**

Sister Margaret was born in Clonmel, Co. Carlow, Ireland in 1921 and joined MMM in 1950. She was assigned to the nursing home run by MMM in Clonmel and was responsible for the catering for the residents and MMM postulants. For the next twenty-nine years, Margaret provided catering services in Drogheda; the maternity hospital in Waterford; and Rosemount, the MMM House of Studies in Dublin. She provided a welcome and hot meal whenever students and staff arrived.

In 1982 she spent three months in Kenya, seeing the ministries of the Sisters for whom she had provided hospitality for so many years.

She was Sister-in-Charge in Rosemount from 1983 to 1987. She had a special concern for the poor and many people in need received a regular dinner. In 1988 she was assigned to Artane and provided hospitality and cooking for Sisters and visitors. In 2006 she moved to Raheny.

When her health began to decline she went to the Motherhouse in Drogheda. She died on 22 April 2012.



**Sister
Berchmans
Roche**

Sister Berchmans was born Nora Christina Roche in Killorglin, Co. Kerry, Ireland in 1922. She trained as a pharmacist and joined MMM in 1945, soon after qualifying. A woman with many gifts, she was Bursar General from 1947 until 1970 and was also a General Councillor. She helped with our first constitutions and was involved with the hospital plans.

In 1971 she was assigned to Malawi. During her time there she worked in Mzuzu and Nkhata Bay as a pharmacist and bursar. She worked in the nutrition clinic and in administration of the primary health care projects in Nkhata Bay. She was also a mentor to the nursing Sisters. She retired for a short time in Malawi in 2000.

Sister Berchmans returned to Ireland in 2001 and lived in Beechgrove. She remained active and especially enjoyed a game of Scrabble. In early 2012 she moved to Áras Mhuire. She died on Pentecost Sunday, 27 May 2012.



**Sister
Nancy
Hilliard**

Sister Nancy was born in Maio, Moynalty, Co. Meath in 1929. She received her early education in Navan and joined the Medical Missionaries of Mary in 1947. After training as a physician in UCD, her first assignment was to Tanzania, where she spent seven years. After a further year in Uganda, she served in Malawi for fifteen years.

Returning to Ireland in 1981, she studied for a Diploma in Public Health from UCD and USC, and a Diploma in Tropical Medicine in Liverpool. She spent four years as a Palliative Care Research Fellow in St. Luke's Hospital and was granted a Membership in the Faculty of Public Health Medicine by the Royal College of Physicians.

She spent seven years as Medical Director of St. Bridget's Hospice on the Isle of Man and obtained a Diploma in Palliative Medicine from the University of Wales. In 2003 she joined the Motherhouse community in Drogheda.

She died at Áras Mhuire, Beechgrove after a long illness on 2 August 2012.

“...To be signs of God’s healing love and hope”

From prayer service for 75 years of MMM



Visiting the home of Archbishop Romero



The altar where Oscar Romero was murdered



In Romero's garden with two Sisters who guide groups of visitors

To mark 75 years of MMM, five MMMs serving in Honduras went on pilgrimage to El Salvador. Travelling by bus, they visited places associated with Oscar Romero and others who were murdered because of their solidarity with the poor. They shared highlights of their visit.

“The experience in El Salvador was a special moment for me. The Wall of Remembrance* touched me a lot. So many people were killed for their beliefs because they wanted a better life for their people. Monseñor Oscar Romero was a prophet of the poor. He is a sign of hope and love for all the Salvadoran people. This experience called me to be sign of hope in my ministry, especial in Honduras where the people are suffering a lot from violence.”

Cleide da Silva

“This was a sacred occasion, especially as a community. We spent time in silence in the chapel where Archbishop Romero was murdered while saying Mass. We walked through the simple house where he lived. His spirit was very much alive. In the garden we prayed a prayer composed for our anniversary, connecting us to MMM worldwide. As I passed the Wall of Remembrance I felt anger towards the regime responsible for these deaths and pride for the integrity of these people. We went to the university where six Jesuits, their cook, and her daughter were murdered in 1989. The Jesuits spoke out against the regime and on behalf of the poor. Their voices continue to cry out for justice and peace for all people, especially in Latin America. They challenge me to make a difference.”

Renée Duignan

“So many places are marked by stories of suffering from the civil war that led to the death and disappearance of over seventy thousand persons. Over one thousand, mostly women and children, died in El Mosote, near Honduras, not far from Marcala. It was humbling to stand barefoot in the place where Archbishop Romero was murdered as he celebrated Mass. Yet he faithfully spoke out to defend the poorest. I take courage from the ordinary lives of the four US churchwomen who died in 1980. The story has been repeated all over Latin America and in Honduras where we MMMs have been privileged to minister. My faith has been nourished here in Latin America by ordinary people who daily live the mystery of Holy Week and Easter.”

Rita Higgins

“I give thanks for this pilgrimage to a country marked by the struggle of the poor for liberation, a struggle that continues in Latin America today. I think of Archbishop Oscar Romero who loved and defended the poor and continues to be a guiding light for his people. When I visited his little house, I was touched by the simplicity of his life and humble surroundings. He spent hours in prayer and said, ‘Let us move to that intimate cell of our conscience to encounter ourselves and then go out and encounter our poor and marginalized.’

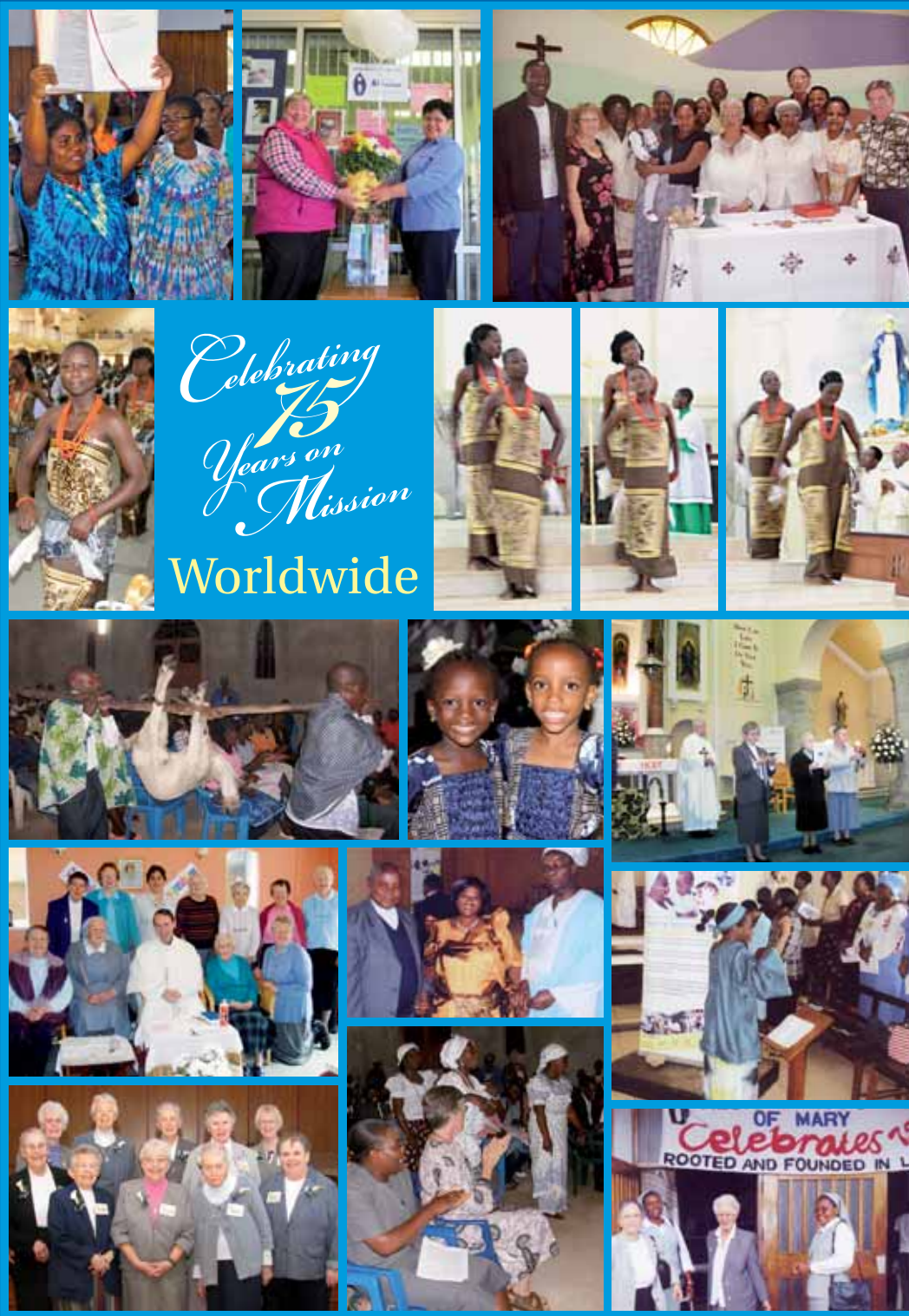
“The struggle for justice is very much part of the life of the Lenca people of Marcala. I am in awe of their courage in the midst of poverty and hardship. I give thanks for the call to walk with them as we struggle to find God in our daily lives.”

Bernie Henaghan

“I experienced the dark days of war in Uganda when I was growing up, and standing at the Wall in El Salvador brought back memories. This country now has peace but it is still poverty-stricken. The death rate in its capital city is greater than during the war as a result of gangs and drugs. The peace was attained largely from the worldwide outrage at the murders of the Jesuits and the two women. It was near Bishop Romero's anniversary and with the spirit of Romero so alive, one can't fail to notice that El Salvador is becoming the school for the globalization of solidarity. These days as we globalize economics, we need to globalize love and compassion. I took with me a newfound courage to continue the struggle against all forms of oppression and injustice.”

Maria Gonzaga

* The names of thirty thousand people who lost their lives during the war in El Salvador are inscribed on a monumental wall in Parque Cuscatlan. There are names of entire families who died in massacres.



MEDICAL
MISSIONARIES
of MARY



MMM

*Rooted and
founded
in Love*

To our donors, friends, and supporters,
thank you for the past 75 years.